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| 7006 PB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |              | us                                                                                                                                                                                                                                                 | Patent and T     | rademark    | Office: L                                               | PTO/SB/21 (09-04)<br>through 07/31/2006. OMB 0651-0031<br>J.S. DEPARTMENT OF COMMERCE |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|---------------------------------------------------------|---------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Under the Pap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | erwork Reduction Act of 199      | 5, no person | s are required to respond to a co                                                                                                                                                                                                                  | ollection of int | formation i | unless it                                               | displays a valid OMB control number.                                                  |  |  |  |  |  |  |
| SERVICE STATE OF THE PARTY OF T |                                  |              | Application Number                                                                                                                                                                                                                                 | 10/807,64        | 6           |                                                         | `                                                                                     |  |  |  |  |  |  |
| TRANSMITTAL FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |              | Filing Date                                                                                                                                                                                                                                        | March 23,        | 2004        | 2004                                                    |                                                                                       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |              | First Named Inventor                                                                                                                                                                                                                               | Larry L. H       | L. Hood     |                                                         |                                                                                       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |              | Art Unit                                                                                                                                                                                                                                           | 3739             | 3739        |                                                         |                                                                                       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |              | Examiner Name                                                                                                                                                                                                                                      | Henry M.         | Johnson II  | ohnson III                                              |                                                                                       |  |  |  |  |  |  |
| (to be used for all correspondence after initial filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |              | Attorney Docket Number                                                                                                                                                                                                                             | 155694-0         | 148 (P007   | ·                                                       |                                                                                       |  |  |  |  |  |  |
| Total Number of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pages in This Submission         |              |                                                                                                                                                                                                                                                    |                  |             |                                                         |                                                                                       |  |  |  |  |  |  |
| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |              |                                                                                                                                                                                                                                                    |                  |             |                                                         |                                                                                       |  |  |  |  |  |  |
| Fee Attached  ✓ Amendment/Reply  ☐ After Final ☐ Affidavits/declaration(s) ☐ Extension of Time Request ☐ Express Abandonment Request ☐ F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |              | Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on Cocks | Address          | Retu        | Appea<br>of App<br>Appea<br>(Appea<br>Proprie<br>Status |                                                                                       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIGNA                            | TURE         | F APPLICANT, ATTO                                                                                                                                                                                                                                  | RNEY, C          | OR AGI      | ENT                                                     |                                                                                       |  |  |  |  |  |  |
| Firm Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ireli & Manella LLP              |              |                                                                                                                                                                                                                                                    |                  |             |                                                         |                                                                                       |  |  |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signature Ren William            |              |                                                                                                                                                                                                                                                    |                  |             |                                                         |                                                                                       |  |  |  |  |  |  |
| Printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Printed name Ben J. Yorks, Esq.  |              |                                                                                                                                                                                                                                                    |                  |             |                                                         |                                                                                       |  |  |  |  |  |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ate May 26, 2006 Reg. No. 33,609 |              |                                                                                                                                                                                                                                                    |                  |             |                                                         |                                                                                       |  |  |  |  |  |  |
| CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |              |                                                                                                                                                                                                                                                    |                  |             |                                                         |                                                                                       |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sugar M. Langu                   | <u>JYV</u>   | Janguel                                                                                                                                                                                                                                            | uny              |             | Date                                                    | May 26, 2006                                                                          |  |  |  |  |  |  |
| Typed or printed name Susan M. Langworthy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |              |                                                                                                                                                                                                                                                    |                  |             |                                                         |                                                                                       |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032 rademark Office; U.S. DEPARTMENT OF COMMERCE

|                                                                                                                                                                                  | ion Act of 1995<br>tive on 12/08/20   |                         | nation unless it displays a valid OMB control number |                                |                     |                          |                           |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------|------------------------------------------------------|--------------------------------|---------------------|--------------------------|---------------------------|--|--|--|--|--|
| Effect<br>Fees pursuant to the Consolid                                                                                                                                          | R. 4818).                             | <del></del>             |                                                      |                                | omplete if Known    |                          |                           |  |  |  |  |  |
| FEE TR                                                                                                                                                                           | ΔI                                    |                         |                                                      | 10/807,646                     | 201                 |                          |                           |  |  |  |  |  |
|                                                                                                                                                                                  | <b>~</b> _                            |                         |                                                      | March 23, 2004                 |                     |                          |                           |  |  |  |  |  |
| Fo                                                                                                                                                                               |                                       | ,                       |                                                      | Larry L. Hoo                   |                     |                          |                           |  |  |  |  |  |
| Applicant claims smal                                                                                                                                                            | 27                                    | Examiner Name           | e                                                    |                                | enry M. Johnson III |                          |                           |  |  |  |  |  |
|                                                                                                                                                                                  |                                       | <del></del>             | -                                                    | Art Unit                       |                     | 3739                     |                           |  |  |  |  |  |
| TOTAL AMOUNT OF PAY                                                                                                                                                              | MENT (\$)                             | 0                       |                                                      | Attorney Docket No. 155694-014 |                     |                          | 8 (P007C)                 |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                         |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| Check Credit Card Money Order None Other (please identify):                                                                                                                      |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| Deposit Account Deposit Account Number: 09-0946  Deposit Account Name: Irell & Manella LLP                                                                                       |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| For the above-ident                                                                                                                                                              |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                                                                                           |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments                                                                                              |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| under 37 CFf WARNING: Information on thi                                                                                                                                         | R 1.16 and 1.<br>s form may be        | 17<br>come public. Cred | it card inf                                          |                                | -                   |                          | orm. Provide credit card  |  |  |  |  |  |
| information and authorization                                                                                                                                                    |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| FEE CALCULATION                                                                                                                                                                  |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| 1. BASIC FILING, SEAF                                                                                                                                                            |                                       |                         |                                                      |                                | -v.                 | ********                 |                           |  |  |  |  |  |
|                                                                                                                                                                                  | FILING F<br>S                         | FEES<br>Small Entity    |                                                      | RCH FEES Small Entity          | EXAN                | INATION FE<br>Small Enti | ity                       |  |  |  |  |  |
| Application Type                                                                                                                                                                 | Fee (\$)                              | Fee (\$)                | <u>Fee (\$</u>                                       | Fee (\$)                       | Fee                 | (\$) Fee (\$)            |                           |  |  |  |  |  |
| Utility                                                                                                                                                                          | 300                                   | 150                     | 500                                                  | 250                            | 200                 | 100                      |                           |  |  |  |  |  |
| Design                                                                                                                                                                           | 200                                   | 100                     | 100                                                  | 50                             | 130                 | 65                       |                           |  |  |  |  |  |
| Plant                                                                                                                                                                            | 200                                   | 100                     | 300                                                  | 150                            | 160                 | 80                       |                           |  |  |  |  |  |
| Reissue                                                                                                                                                                          | 300                                   | 150                     | 500                                                  | 250                            | 600                 | 300                      |                           |  |  |  |  |  |
| Provisional                                                                                                                                                                      | 200                                   | 100                     | 0                                                    | 0                              | C                   | 0                        |                           |  |  |  |  |  |
| 2. EXCESS CLAIM FEE                                                                                                                                                              | ES                                    |                         |                                                      |                                |                     | Fee (                    | Small Entity              |  |  |  |  |  |
| Fee Description Each claim over 20 (i                                                                                                                                            | including Re                          | eiccnec)                |                                                      |                                |                     | 50                       |                           |  |  |  |  |  |
| Each independent cla                                                                                                                                                             |                                       |                         | ues)                                                 |                                |                     | 200                      |                           |  |  |  |  |  |
| Multiple dependent c                                                                                                                                                             |                                       | <u> </u>                | . ,                                                  |                                |                     | 360                      | 180                       |  |  |  |  |  |
| Total Claims                                                                                                                                                                     | Extra Claim                           | ns Fee (\$)             | <u>Fee</u>                                           | Paid (\$)                      |                     | Multip                   | le Dependent Claims       |  |  |  |  |  |
| - 20 or HP =                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · · | X                       | _=                                                   |                                |                     | ` <u>Fee (</u>           | (\$) <u>Fee Paid (\$)</u> |  |  |  |  |  |
| HP = highest number of total                                                                                                                                                     | l claims paid for<br>Extra Claim      |                         |                                                      | Paid (\$)                      |                     |                          | <del></del>               |  |  |  |  |  |
| 3 or HP =                                                                                                                                                                        |                                       | _ x                     | _=                                                   |                                |                     |                          |                           |  |  |  |  |  |
| HP = highest number of indep                                                                                                                                                     |                                       | paid for, if greater tr | han 3.                                               |                                |                     |                          |                           |  |  |  |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer                                       |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50                                                            |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$) |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| - 100 = /50 = (round up to a whole number) x =                                                                                                                                   |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)                                                                                 |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| Other (e.g., late filing surcharge):                                                                                                                                             |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| UBMITTED BY                                                                                                                                                                      |                                       |                         |                                                      |                                |                     |                          |                           |  |  |  |  |  |
| ignature 1                                                                                                                                                                       | Made                                  | <u> </u>                | -                                                    | Registration No. 2             |                     | Tele                     | ephone (949) 760-0991     |  |  |  |  |  |

(Attorney/Agent)  $u_{\infty}$ Date May 26, 2006 Name (Print/Type) Ben J. Yorks, Esq.

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Larry L. Hood

Application No.: 10/807,646

Filed: March 23, 2004

For: ELECTRODE ASSEMBLY FOR A

THERMOKERATOPLASTY SYSTEM

**USED TO CORRECT VISION** 

**ACUITY** 

Examiner: Henry M. Johnson III

Art Group: 3739

## AMENDMENT UNDER 37 C.F.R. §1.111

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 20, 2006, please amend the above entitled application as follows.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.